U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
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(1 m 2 2)	
1. File Number U - 8212	2. Fiscal Year Covered From:
	[/ [/ Of Through: 12 / 3] / O4.
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name GIGUL E Ambursul	Name New York Metro Area Postal Union
	Labor Organization File Number 506-75B
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 350 W 31 st St. 3rd FL	Street 350 W 31 St St. 3rd Fl.
City NEW YORK	City New York
State	State ZIP Code + 4
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of
monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	derived income or other economic benefit of on represents or is actively seeking to represent.
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent.
monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent.
monetary value from an employer whose employees your organization of the control	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the second street from an employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the control	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the second street from an employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization of the state of t	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the
monetary value from an employer whose employees your organization. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name New York Mctro Federal Credit (incon Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 3500 315 5f. 77 F . City New York State VY ZIP Code + 4 [000]	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name New York Metro Federal Credit Union Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 350 W 31 \$ ST. PT. City New York State NY ZIP Code + 4 [000]	11.a. Nature of such dealing. Member of FCU Board Dir. FCU buys for the Board @monthly Board meetings @auder COST OF \$15.80 [mbr. per meeting, fhere were 11 meetings held on 2004, total amount for the year \$173.80 11.b. Approximate dollar value of such dealing. [74.00]	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?	17.D. AHOURT OF PAYTHERE.	